

TOWN OF ELLINGTON

ASSESSOR'S OFFICE
PO BOX 199
ELLINGTON CT 06029
Phone 860-870-3109 Fax 860-870-3197

APPLICATION FOR ANTIQUE, RARE OR SPECIAL INTEREST MOTOR VEHICLE PURSUANT TO SECTION 14-1 AS AMENDED BY PA 08-150

Under state law Public Act 08-150 all vehicles that are over 20 years old can be considered to be valued at 500 assessment dollars providing that the below application is completed in its entirety and meets the definition under section (3) "*Antique, rare or special interest motor vehicle*" means a motor vehicle twenty years old or older which is being preserved because of historic interest and which is not altered or modified from the original manufacturer's specifications;". **Failure to file this form by October 1st will result in your vehicle being valued MSRP values according to state statutes.**

Please note this form must be signed by an Authorized Repair Mechanic to be Valid.

OWNER INFORMATION		
OWNER'S NAME	FIRST NAMEMIDDLE INITIALELAST NAME	
OWNER'S MAILING ADDRESS	STREETTOWNZIP CODE	
OWNER'S TELEPHONE NUMBERS	TELEPHONE NUMBERCELL NUMBER	

MOTOR VEHICLE INFORMATION			
YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER
LIST AND DESCRIBE ANY AND ALL ALTERATIONS AND/OR MODIFICATIONS FROM THE ORIGINAL MANUFACTURER'S SPECIFICATIONS:			

THE FOLLOWING QUESTIONS MUST BE ANSWERED

(IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET)

1. IS THIS MOTOR VEHICLE 20 YEARS OR OLDER?	☐ NO	☐ YES
2. IS THIS MOTOR VEHICLE BEING PRESERVED? IF YES, THEN EXPLAIN HOW?	☐ NO	☐ YES
3. IS THERE A HISTORICAL USE FOR THIS MOTOR VEHICLE? IF YES, THEN EXPLAIN HOW?	☐ NO	☐ YES
4. HAS THIS MOTOR VEHICLE BEEN ALTERED OR MODIFIED FROM THE ORIGINAL MANUFACTURER'S SPECIFICATION? IF YES, THEN EXPLAIN HOW?	☐ NO	☐ YES

Affidavit

The applicant acknowledges that all of the above statements are true and complete. The applicant of a false affidavit/statement shall be subject to such fines, penalties and/or imprisonment as provided by law. My signature signifies that this affidavit has been read and understood.

SIGNATURE OF OWNER_____
PRINT NAME_____
DATE SIGNED

Subscribed and sworn to before me: _____

NOTARY PUBLIC_____
DATE SIGNED**Auto Mechanic Affidavit**

I have inspected the above vehicle at the owners request and have determined that the above vehicle has been altered or modified from the original manufacturer's specifications. ☐ NO ☐ YES

SIGNATURE AUTO MECHANIC/ INSPECTOR_____
PRINT NAME_____
LICENSE #_____
COMPANY NAME_____
ADDRESS_____
PHONE #_____
DATE SIGNED**FOR ASSESSOR'S OFFICE USE ONLY**This application is ☐ Approved ☐ Denied Grand List of October 1,

The reason for denial: _____

SIGNATURE OF MEMBER OF ASSESSOR'S OFFICE_____
PRINT NAME_____
DATE SIGNED**Deadline for Application is October 1st**